

Milwaukee County Emergency Medical Services Controlled Substance Management Plan

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Wisconsin EMS Controlled Substance Management

Purpose Statement

Establish a standard for accountability and minimum requirements for drug inventory, documentation of usage and replacement of controlled substances in accordance with Federal DEA Rules and State of Wisconsin Regulations. The purpose of these regulations is to deter opportunity for and to recognize episodes of diversion.

Background and Introduction

Products listed with the symbols shown below are subject to the Controlled Substances Act of 1970. These drugs are categorized according to their potential for abuse. The greater the potential, the more severe the limitations are on their prescription.

Products that fall into DEA categories are expressed below:

| CATEGORY | INTERPRETATION |
|-----------------|--|
| CI | High potential for abuse. No medical value |
| CII | High potential for abuse. Use may lead to severe physical or psychological dependence. |
| CIII | Potential for abuse less than CI and CII. Use may lead to low to moderate physical dependence or high psychological dependence. |
| CIV | Low potential for abuse relative to CIII. Use may lead to limited physical or psychological dependence. |
| CV | Low potential for abuse relative to CIV. Use may lead to limited physical or psychological dependence, less than CIV. |

Possible controlled substances for use by ambulance providers:

| | |
|------|-----------------------------------|
| CII | Morphine, Fentanyl, Hydromorphone |
| CIII | Ketamine |
| CIV | Lorazepam, Midazolam, Diazepam |

This is not an all-inclusive list, but rather an example of some of the most commonly used medications.

The possession and administration of controlled substances is governed by the U.S. Department of Justice Drug Enforcement Administration as well as the State of Wisconsin Statutes and Administrative Rule as established by the Department of Licensing and Regulation and the Pharmacy Examining Board. The source of Federal

Rule is the Code of Federal Regulations (Title 21 CFR, Part 1300-1399) and the Controlled Substance Act. Wisconsin Rules of significance can be found in Chapter Phar 8.

The CFR and Federal Register can be found at www.gpoaccess.gov/cfr/index.html.

The Practitioner's Manual may be found at www.DEAdiversion.usdoj.gov.

All practitioners that will manufacture, distribute, or dispense controlled substances are required to register with the DEA. The requirement of registration is waived for any agent or employee of a person who is registered to engage in any group of independent activities, if such agent or employee is acting in the usual course of his/her business or employment (Title 21 CFR 1301.22). For the purposes of Emergency Medical Services, the medical director shall be the registrant and the EMTs will be acting as his agent in administering controlled substances to patients. The medical director will be treating the EMS agency for which he provides oversight as his practice. As such, he is allowed to maintain an inventory of controlled substance for the administration to patients in the usual course of business once registered with the DEA.

Security Requirements

It is often cited that controlled substances need to be secured with a double lock. There are no rules or regulations that require a double lock for storage of controlled substances that are used by a practitioner for treating patients in the course of his usual business. However, security is very important. From the DEA Practitioner's Manual:

Title 21 CFR Section 1301.71(a), requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances. A list of factors is used to determine the adequacy of these security controls. Factors affecting practitioners include:

1. The location of the premises and the relationship such location bears on security needs
2. The type of building and office construction
3. The type and quantity of controlled substances stored on the premises
4. The type of storage medium (safe, vault, or steel cabinet)
5. The control of public access to the facility
6. The adequacy of registrant's monitoring system (alarms and detection systems)
7. The availability of local police protection

Practitioners are required to store stocks of Schedule II through V controlled substances in a securely locked, substantially constructed cabinet. Practitioners authorized to possess carfentanil, etorphine hydrochloride and/or diprenorphine, must store these controlled substances in a safe or steel cabinet equivalent to a U.S. Government Class V security container.

Each EMS Service must determine what level of security is necessary. A reasonable minimum is to keep them secured within a vehicle that is also secured or under appropriate surveillance.

Inventory

There are several models on how to stock and re-stock controlled substances for use by EMS. Regardless of the model a system uses, there will always be an inventory of controlled substances within the system. This inventory is the direct responsibility of the registered medical director.

Recordkeeping

Records for Schedule II Controlled Substances must be maintained separately from all other records. Records for Schedules III-V do not need to be separate, but they must be readily retrievable from all ordinary records.

Inventory counting must be done at least once every 2 years and a complete and accurate written, typewritten, or printed record must document controlled substances on hand.

The administration of all controlled substances must be documented to include patient name, patient address, date of administration, name of controlled substance, amount administered, and the initials of the person administering the controlled substance.

Per Federal DEA regulations, all records shall be kept for two (2) years. Wisconsin regulations however require these records to be kept for a minimum of five (5) years.

Disposal (Title 21 CFR Section 1307.21)

Controlled substances that are expired or need to be removed from inventory for any reason cannot be wasted. You need to request permission from the DEA to dispose of any controlled substance. The registrant shall submit DEA Form 41 at least 14 days in advance of the proposed disposal. The preferred method of disposal is to utilize a reverse distributor (a DEA registered disposal firm.) Other methods need further approval from the DEA District Office.

Procedure

1) Storage

- a) Only controlled substance approved by the medical director shall be carried on ambulances.
- b) Controlled substances should be stored in a secure fashion.
- c) Controlled substances shall be stored with the ability to examine for tampering, expiration dates, and counts.

2) Access

- a) Access to controlled substances shall be limited to crew members authorized to utilize the medications in the course of usual patient care and those responsible for inventory.
- b) Access shall be limited to only those personnel necessary to maintain inventory and utilize the medication during patient care.
- c) All access shall occur in the presence of two personnel.

3) Documentation

- a) Every use of controlled substance shall be documented in the patient care record as well as on an inventory sheet
- b) Every access to the controlled substances whether for shift change count and examination or during restocking shall be documented with a beginning and ending count
- c) All documentation shall have two signatures
- d) All documents shall be securely stored for a minimum of five (5) years.
- e) A service needs to determine if the patient care record or if the inventory sheet will be the primary record for the DEA. For CII substances, these records need to be maintained separately from all other records and the record must have all required information (patient name, address, controlled substance, amount administered, date administered, initials of person administering substance)

4) Use

- a) After use of a controlled substance the following shall be documented:
 - (1) Medication used
 - (2) Amount used
 - (3) Amount wasted
 - (4) Patient name
 - (5) Patient address
 - (6) Date given
 - (7) Time given
 - (8) Initials of person(s) administering
- b) Any amount of a controlled substance that is wasted should be witnessed by at least two people and recorded.
- c) After use, the entire stock of controlled substance that was accessed shall be counted by two personnel and counts documented.

5) Replacement

- a) Controlled substance should be replaced according to department guidelines. This also applies to replacement of expired medications.

- 6) Daily accountability
 - a) At the start of every shift, all controlled substances shall be examined for evidence of tampering, expiration dates, and count.
 - i) Counts shall be verified against the last count.
 - ii) Any discrepancy or evidence of tampering shall be reported immediately.
 - iii) Theft or loss of a controlled substance needs to be reported to the DEA within 1 business day and a DEA Form 106, Report of Theft or Loss, needs to be completed and submitted.
 - iv) Any controlled substance that appears to have been tampered with shall be secured for DEA investigation, and the DEA shall be notified within 1 business day.
- 7) Out-of-Service
 - a) Ambulances that are out-of-service should have their controlled substances secured and accounted for according to department policy.
- 8) Facility Storage
 - a) Replacement inventory should be stored in a locked cabinet or locked refrigerator.
 - b) Access should be limited to necessary personnel.
- 9) Facility Replacement
 - a) After receiving replacement inventory, the following should be verified by two people:
 - (1) Medication
 - (2) Amount
 - (3) Date received
 - (4) Current count
 - (5) Inspection of entire inventory for tampering and expiration dates
 - b) If the replacement inventory was damaged or appears to be tampered with during shipment a service supervisor should be notified immediately and proper DEA notification shall be made.

Code of Federal Regulations

DISPOSAL OF CONTROLLED SUBSTANCES

Section 1307.21 Procedure for disposing of controlled substances.

(a) Any person in possession of any controlled substance and desiring or required to dispose of such substance may request assistance from the Special Agent in Charge of the Administration in the area in which the person is located for authority and instructions to dispose of such substance. The request should be made as follows:

(1) If the person is a registrant, he/she shall list the controlled substance or substances which he/she desires to dispose of on DEA Form 41, and submit three copies of that form to the Special Agent in Charge in his/her area; or

(2) If the person is not a registrant, he/she shall submit to the Special Agent in Charge a letter stating:

(i) The name and address of the person;

(ii) The name and quantity of each controlled substance to be disposed of;

(iii) How the applicant obtained the substance, if known; and

(iv) The name, address, and registration number, if known, of the person who possessed the controlled substances prior to the applicant, if known.

(b) The Special Agent in Charge shall authorize and instruct the applicant to dispose of the controlled substance in one of the following manners:

(1) By transfer to person registered under the Act and authorized to possess the substance;

(2) By delivery to an agent of the Administration or to the nearest office of the Administration;

(3) By destruction in the presence of an agent of the Administration or other authorized person;
or

(4) By such other means as the Special Agent in Charge may determine to assure that the substance does not become available to unauthorized persons.

(c) In the event that a registrant is required regularly to dispose of controlled substances, the Special Agent in Charge may authorize the registrant to dispose of such substances, in accordance with paragraph (b) of this section, without prior approval of the Administration in each instance, on the condition that the registrant keep records of such disposals and file periodic reports with the Special Agent in Charge summarizing the disposals made by the registrant. In granting such authority, the Special Agent in Charge may place such conditions as he deems proper on the disposal of controlled substances, including the method of disposal and the frequency and detail of reports;

(d) This section shall not be construed as affecting or altering in any way the disposal of controlled substances through procedures provided in laws and regulations adopted by any State.

[36 FR 7801, Apr. 24, 1971, as amended at 37 FR 15922, Aug. 8, 1972. Redesignated at 38 FR 26609, Sept. 24, 1973, and amended at 47 FR 41735, Sept. 22, 1982; 62 FR 13967, Mar. 24, 1997]

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Contact Us I Home I Hot Items I Site Map I Search What's New
http://www.deadiversion.usdoj.gov/21cfr/cfr/1307/1307_21.htm 1/16/2009

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| Initiated: 12/10/82 |
| Reviewed/revised: 2/16/11 |
| Revision: 3 |

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
ADMINISTRATION
OF MEDICATION**

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| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Approved by: Ronald Pirrallo, MD, MHSA |
| Page 1 of 1 |

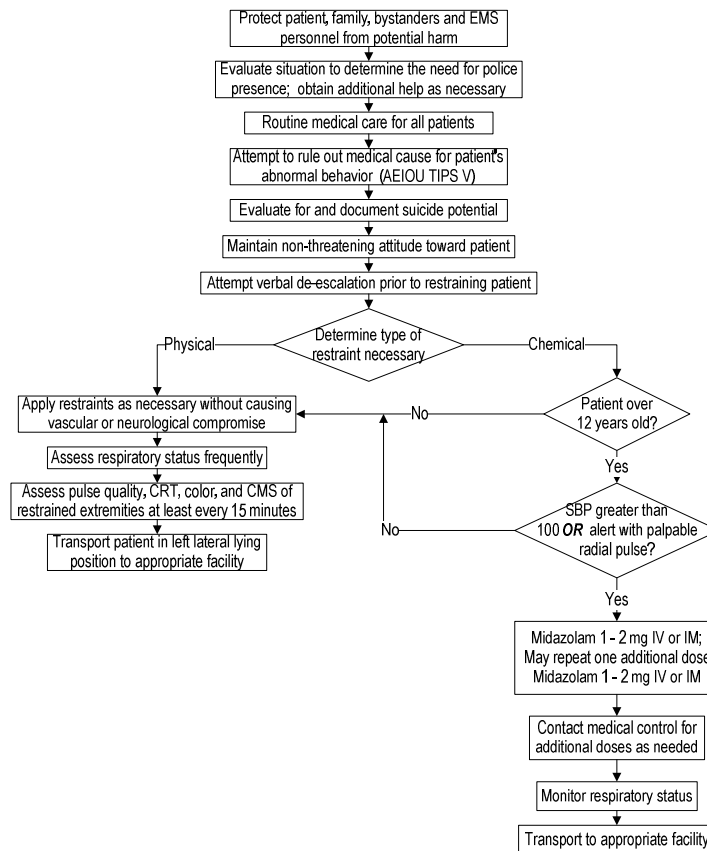
POLICY: An Emergency Medical Technician - Paramedic is authorized to administer prescription and controlled medications and possess needles, syringes and administration devices as outlined by Chapter HFS 110 of the Wisconsin Administrative Code. The authorization is only valid when the paramedic is on duty, assigned to a fire department emergency response vehicle under the direction and medical control of the Milwaukee County EMS Medical Director.

- A minimum of two paramedics are required to be present at the scene to practice at the paramedic level.
- If a single paramedic is assigned to a Paramedic First Response vehicle, that paramedic may practice to the level of an EMT-Intermediate as outlined in Chapter HFS 110 of the Wisconsin Administrative Code.
- Federally controlled medications will be administered and tracked as outlined in system policies and procedures.

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| Initiated: 2/22/96 |
| Reviewed/revised: 10/14/09 |
| Revision: 5 |

**MILWAUKEE COUNTY EMS
STANDARD OF CARE
PATIENT RESTRAINT**

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| Approved by: Ronald Pirrallo, MD, MHSA |
| Signature: |
| Page 1 of 1 |



NOTES:

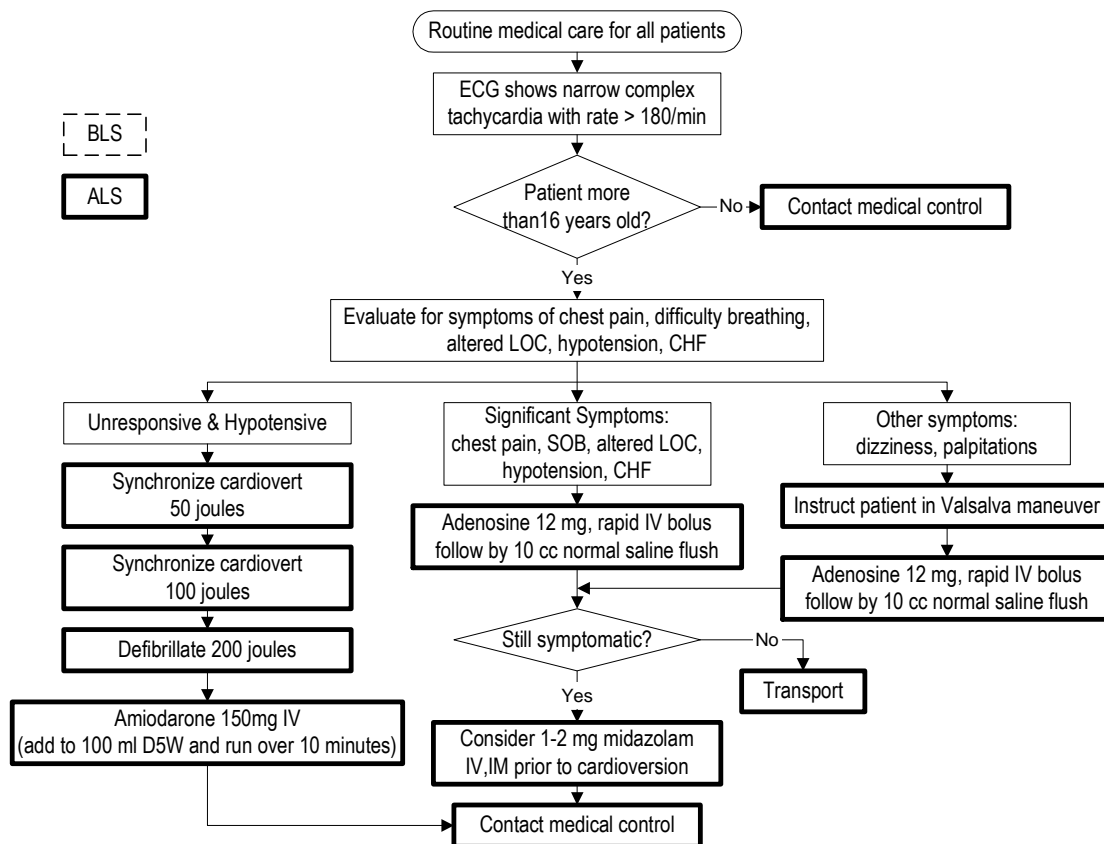
- Use the least restrictive or invasive method of restraint necessary.
- Chemical restraint may be less restrictive and more appropriate than physical restraint in some situations
- Documentation of need for restraint must include:
 - Description of the circumstances/behavior which precipitated the use of restraint
 - A statement indicating that patient/significant others were informed of the reasons for the restraint and that its use was for the safety of the patient/bystanders
 - A statement that no other less restrictive measures were appropriate and/or successful
 - The time of application of the physical restraint device
 - The position in which the patient was restrained and transported
 - The type of restraint used
- Physical restraint equipment applied by EMS personnel must be padded, soft, allow for quick release, and may not interfere with necessary medical treatment.
- Spider and 9-foot straps may be used to restrain a patient in addition to the padded soft restraints.
- Restrained patients may NOT be transported in the prone position.
- EMS providers may NOT use:
 - Hard plastic ties or any restraint device which requires a key to remove
 - Backboard or scoop stretcher to "sandwich" the patient
 - Restraints that secure the patient's hands and feet behind the back ("hog-tie")
 - Restraints that interfere with assessment of the patient's airway.
- For physical restraint devices applied by law enforcement officers:
 - The restraints and position must provide sufficient slack in the device to allow the patient to straighten the abdomen and chest to take full tidal volume.
 - Restraint devices may not interfere with patient care.
 - An officer must be present with the patient AT ALL TIMES at the scene as well as in the patient compartment of the transport vehicle during transport
- Side effects of midazolam may include respiratory depression, apnea, and hypotension.

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| Initiated: 5/22/98 |
| Reviewed/revised: 10/15/08 |
| Revision: 6 |

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
NARROW COMPLEX
TACHYCARDIA WITH PULSES**

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| Approved by: Ronald Pirrallo, MD, MHSA |
| Signature: _____ |
| Page 1 of 1 |

| History | Signs/Symptoms | Working Assessment |
|--|---|----------------------------|
| History of arrhythmia History of palpitations or "racing heart" AICD History of stimulant ingestion | Systolic blood pressure <90 Altered LOC, dizziness Chest pain Shortness of breath Diaphoresis Palpitations ECG shows narrow complex > 180/min | Narrow complex tachycardia |



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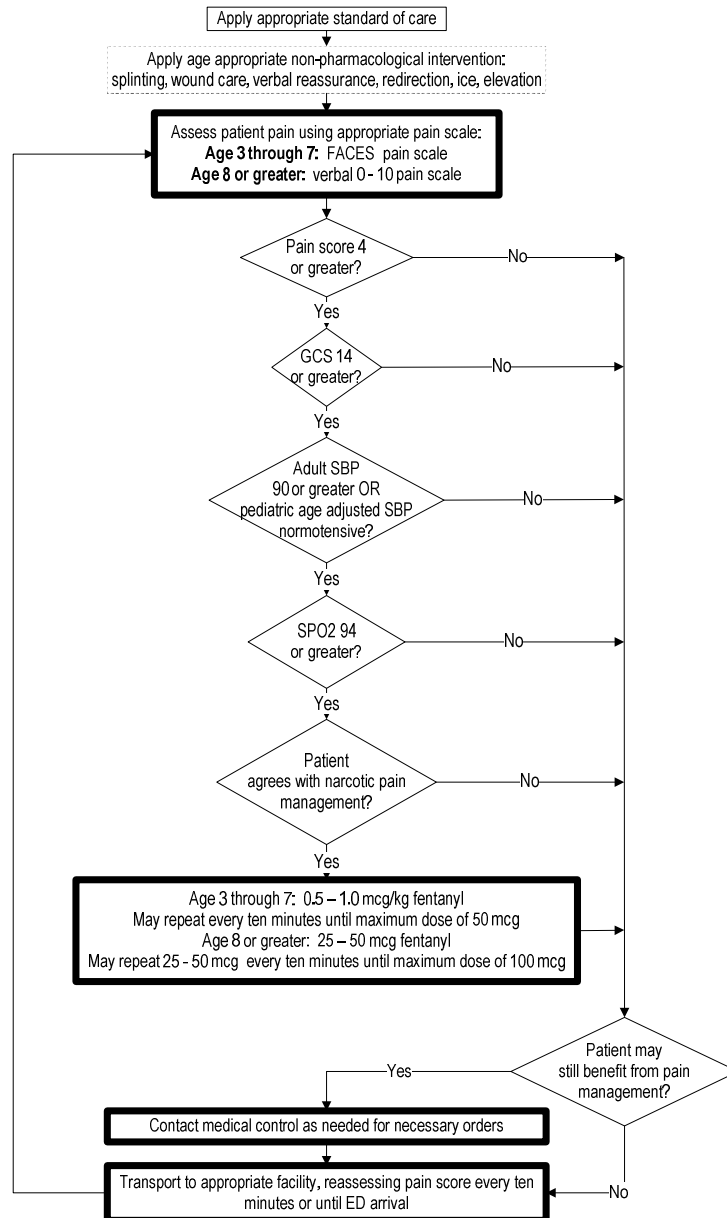
- Contraindications to adenosine are: heart block, heart transplant, resuscitated cardiac arrest; patients taking theophylline products, Tegretol (carbamazapine, which increases the degree of heart blocks caused by adenosine) or Persantine (dipyridamole, which potentiates the affects of adenosine).
- Because of its short half-life, adenosine must be administered rapid IV bolus followed by a 10 cc normal saline flush
- After administration of adenosine, patient may have a disorganized ECG or brief period of asystole prior to conversion to sinus rhythm. Patients have reported feelings of "impending doom" during this period.
- Adenosine is not effective on atrial fibrillation.
- Carotid massage is not to be performed in the Milwaukee County EMS System.

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| Initiated: 2/13/08 |
| Reviewed/revised: 6/9/10 |
| Revision: 2 |

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
PAIN MANAGEMENT**

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| Approved by: Ronald Pirrallo, MD, MHSA |
| Signature: |
| Page 1 of 1 |

| History | Signs/Symptoms | Working Assessment |
|---|---|--|
| Traumatic Injury Burns Abdominal Pain Sickle cell crisis Non-cardiac chest pain | FACES or Verbal Pain scale rating at 4 or greater | Candidate for narcotic pain management |



Notes:

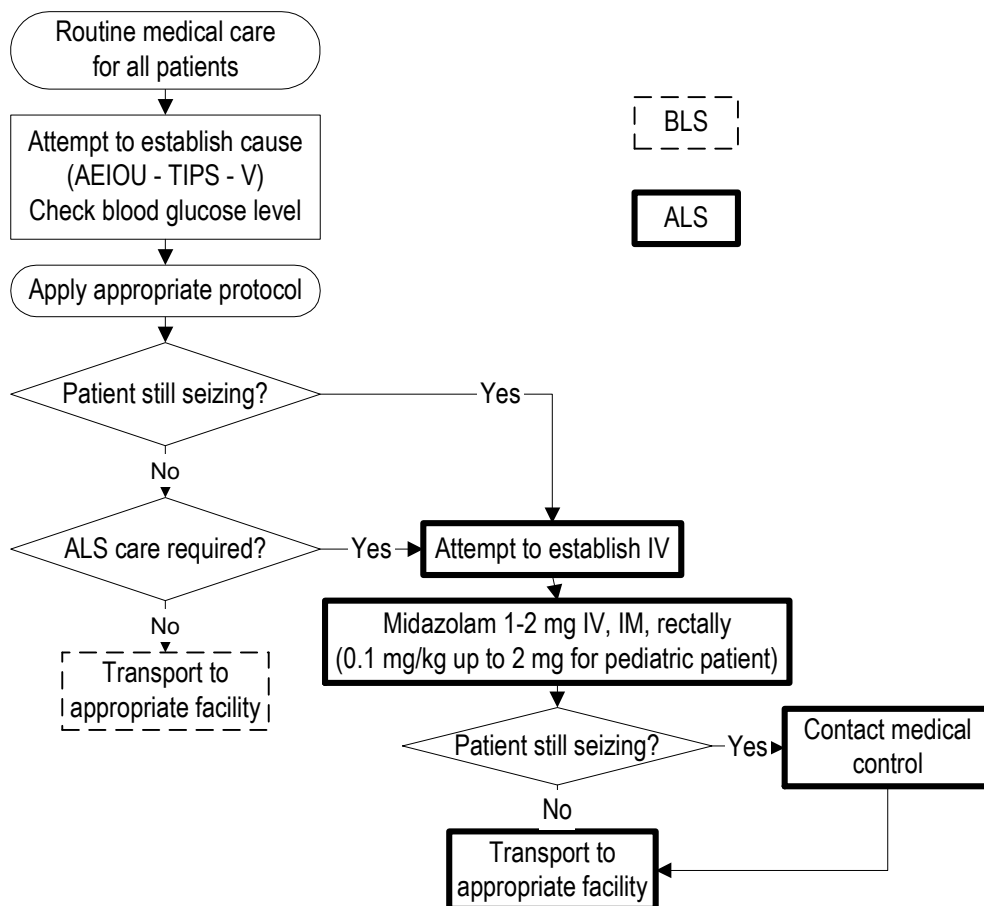
- Goal is to reduce pain scale score below 4
- IV, IM, IO routes acceptable for administration of fentanyl
- ALS transport is required for all patients receiving fentanyl
- If unable to acquire BP secondary to uncooperative patient due to painful condition, may administer fentanyl if no clinical evidence of shock **AND** if GCS is 14 or greater

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| Initiated: 9/92 |
| Reviewed/revised: 2/13/08 |
| Revision: 5 |

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
SEIZURE**

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| Approved by: Ronald Pirrallo, MD, MHSA |
| Signature: |
| Page 1 of 1 |

| History: | Signs/Symptoms: | Working Assessment: |
|--|--|--|
| Reported/witnessed seizure activity History of seizures Medic alert tag Anti-seizure medications History of recent trauma History of diabetes Pregnancy Fever | Seizure activity Decreased mental status (post ictal) Sleepiness Incontinence Trauma | Seizure (look for underlying cause): <ul style="list-style-type: none"> • Head trauma • Noncompliance • Fever/infection • Hypoglycemia • Overdose/poisoning • Alcohol withdrawal • Hypoxia • Eclampsia |



NOTE:

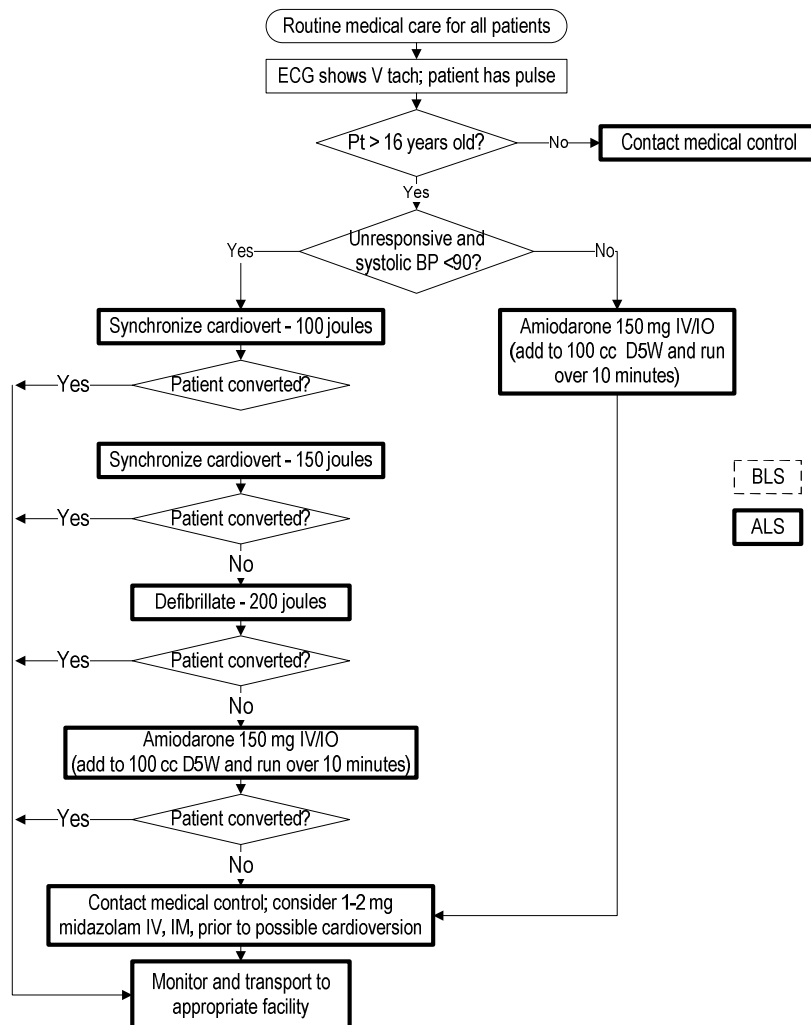
- Pediatric patients with febrile seizures rarely seize more than once. If patient seizes again, evaluate for another cause.
- Status Epilepticus is defined as two or more successive seizures without a period of consciousness or recovery.
- AEIOU-TIPS-V = A - alcohol, airway, arrest; E - epilepsy, electrolytes, endocrine; I - insulin; O - overdose, oxygen depletion, opiates; U - Uremia/chronic organ failure; T - trauma, tumors, temperature; I - infection; P - psychiatric, pseudoseizures; S - Syncope, shock, stroke, sickle cell crisis; V - vascular/lack of blood flow.

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| Initiated: 11/73 |
| Reviewed/revised: 10/13/10 |
| Revision: 20 |

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
VENTRICULAR TACHYCARDIA
WITH PULSES**

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| Approved by: Ronald Pirrallo, MD, MHSA |
| Signature: _____ |
| Page 1 of 1 |

| History | Signs/Symptoms | Working Assessment |
|--------------------------|--|----------------------------|
| Arrhythmia AICD MI | Systolic blood pressure <90 Altered LOC ECG shows Vtach Chest pain, nausea, dizziness, diaphoresis, palpitations | Unstable Vtach with pulses |
| Arrhythmia AICD MI | Systolic blood pressure >90 LOC normal ECG shows Vtach May or may not have chest pain, nausea, dizziness, diaphoresis, palpitations | "Stable" Vtach with pulses |



NOTES:

- Adenosine 12 mg may be ordered for the patient with a wide complex tachycardia that does not respond to amiodarone.
- Defibrillation/synchronization may need prior sedation and may be ordered as the first intervention in the unstable patient.

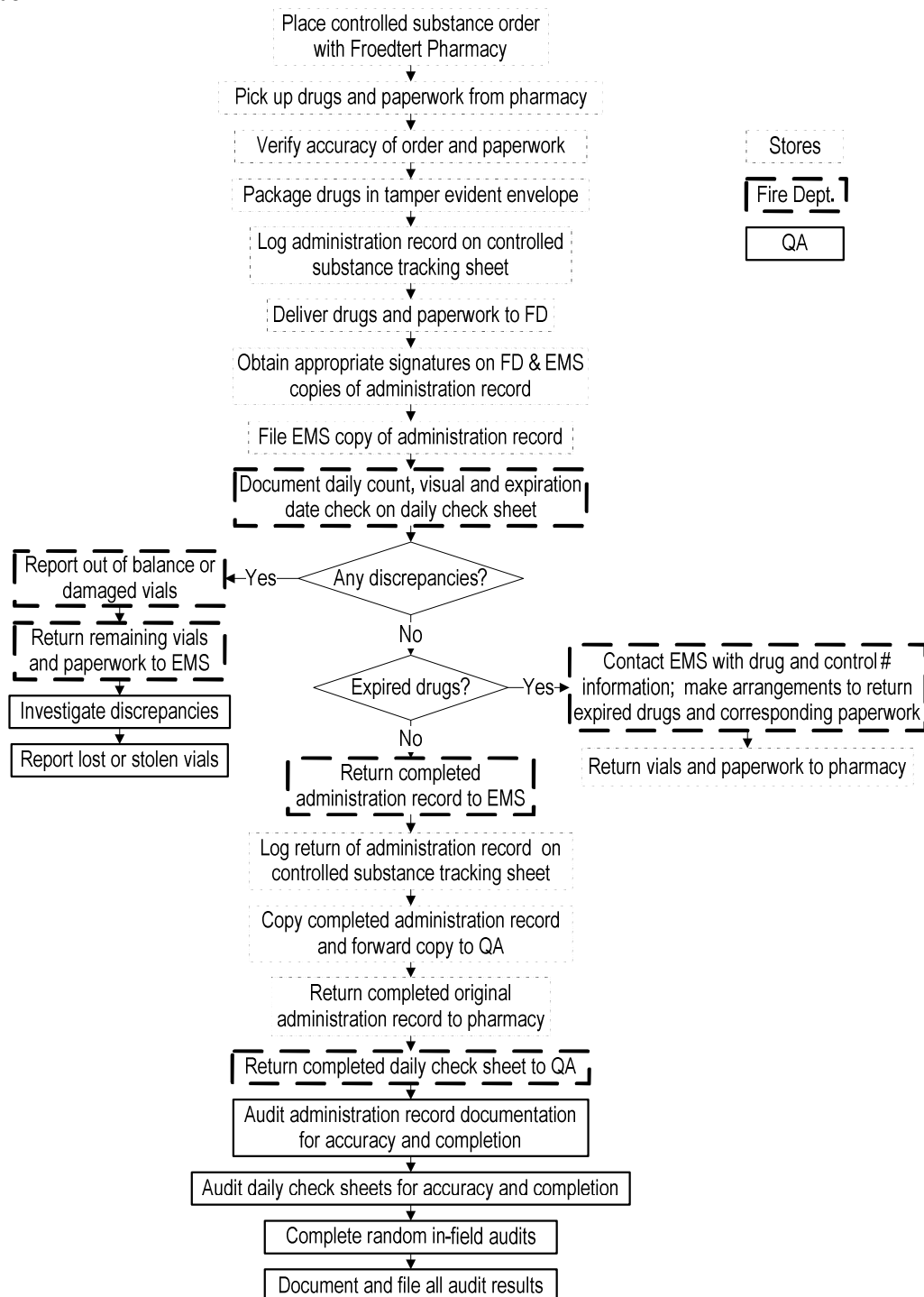
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| Initiated: 2/16/10 |
| Reviewed/revised: |
| Revision: |

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
CONTROLLED SUBSTANCE**

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| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Reference: |
| Page 1 of 1 |

MANAGEMENT BY AREA OF RESPONSIBILITY

POLICY: Management of controlled substances within the Milwaukee County EMS system is a collaborative effort of several system stakeholders to ensure compliance with system and federal standards.

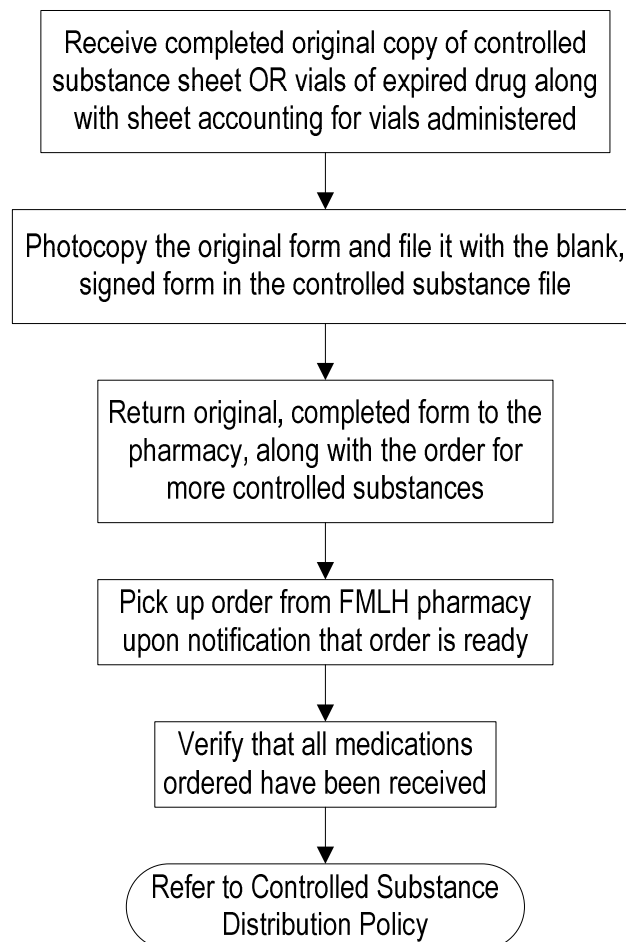


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| Initiated: 5/29/02 |
| Reviewed/revised: 6/8/10 |
| Revision: 1 |

**MILWAUKEE COUNTY EMS
OPERATIONS
CONTROLLED SUBSTANCE
ORDERING**

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|---|
| Approved by: Patricia Haslbeck, MSN, RN |
| Michael Milbrath, BS, EMT-P |
| Page 1 of 1 |

POLICY: Controlled substances will be ordered when the paramedic unit stock is down to minimal allowance, upon receipt of the completed controlled substance tracking sheet.

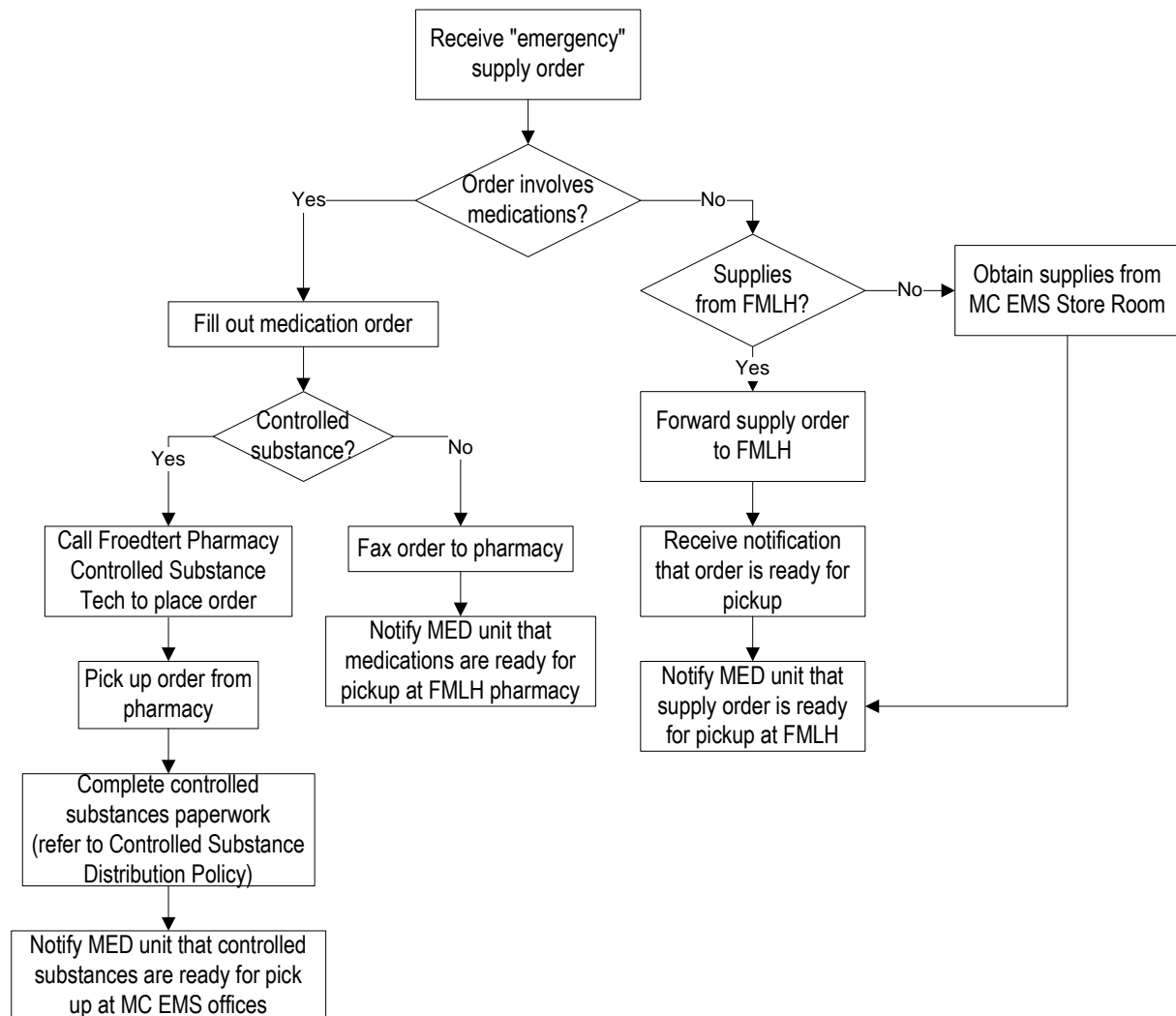


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| Initiated: 3/15/01 |
| Reviewed/revised: 11/16/10 |
| Revision: 1 |

**MILWAUKEE COUNTY EMS
OPERATIONS
UNSCHEDULED SUPPLY
ORDERS**

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| Approved by: K. Sternig, MS- EHS, BSN, EMT-P |
| Page 1 of 1 |

POLICY: A paramedic unit may place an unscheduled "emergency" supply order if the unit is dangerously low on or out of a necessary commodity.



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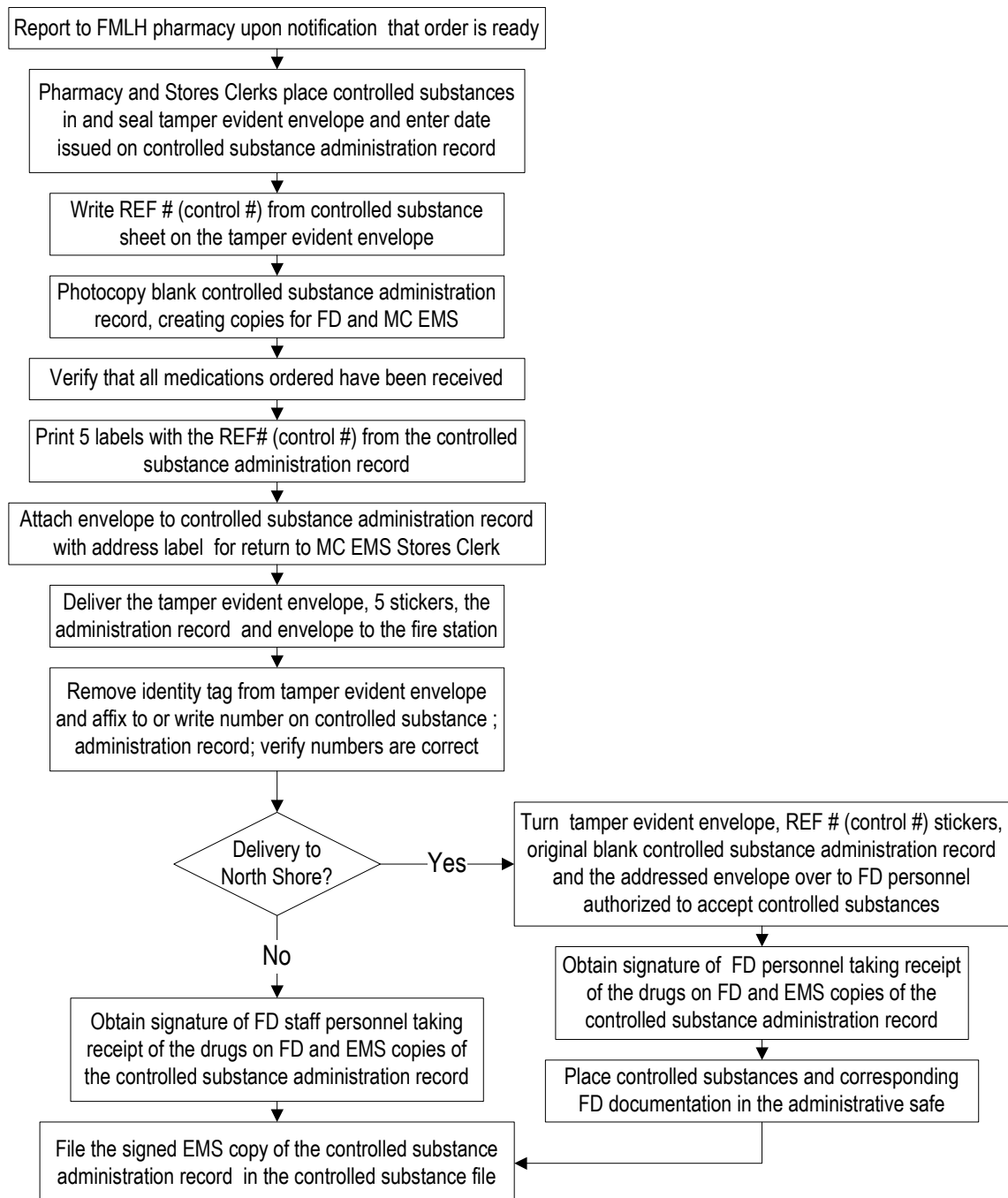
- Unscheduled orders must be placed during regular office hours.
- Contact the Informatics Manager for emergent orders.

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| Initiated: 3/15/01 |
| Reviewed/revised: 6/28/10 |
| Revision: 4 |

**MILWAUKEE COUNTY EMS
OPERATIONS
CONTROLLED SUBSTANCE
DISTRIBUTION**

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|---|
| Approved by: K. Sternig, MS-EHS, BSN, EMT-P |
| Page 1 of 1 |

POLICY: Controlled substances will be distributed and accounted for in accordance with state and federal standards.



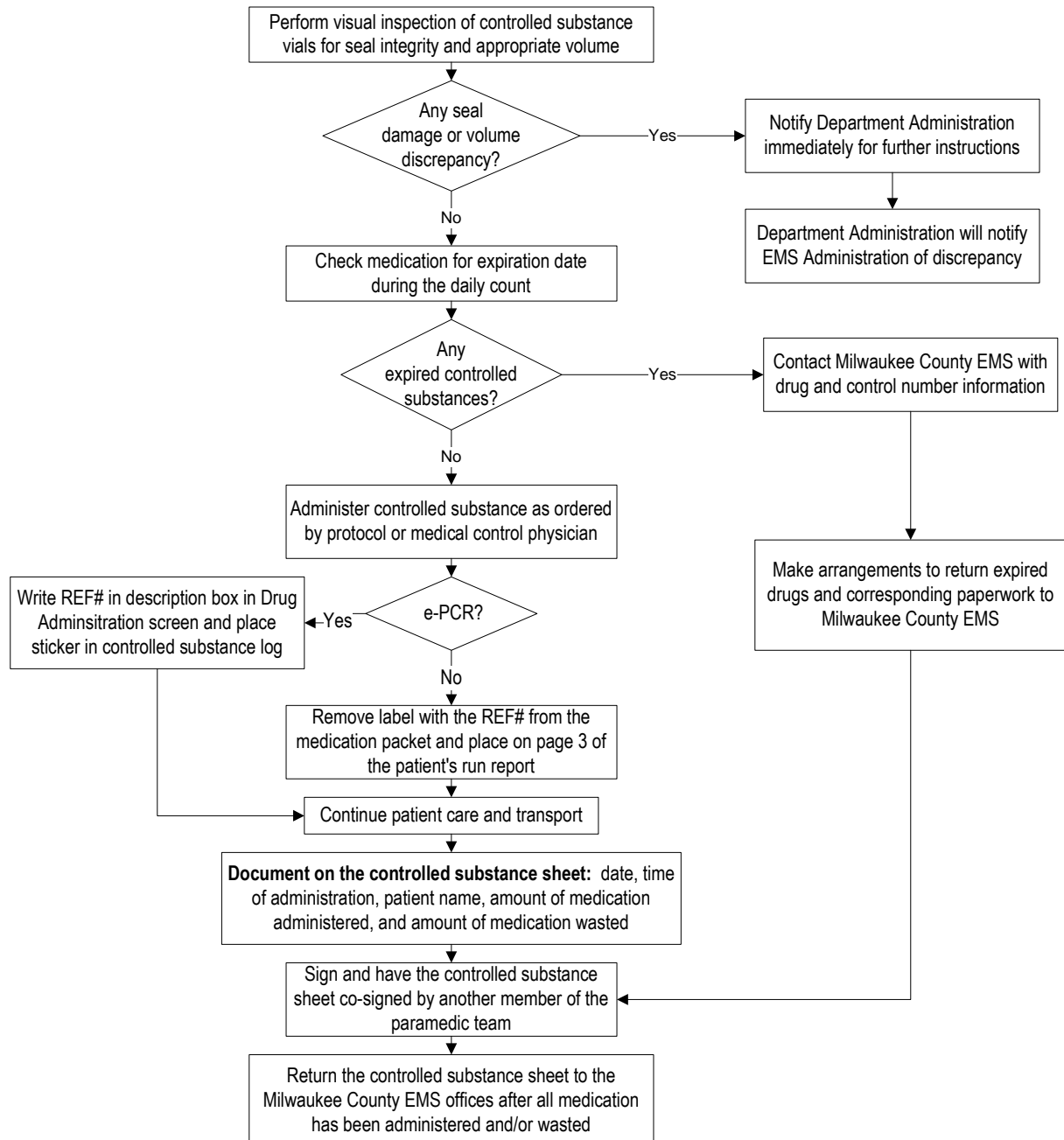
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| Initiated: 2/27/02 |
| Reviewed/revised: 2/16/11 |
| Revision: 4 |

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
CONTROLLED SUBSTANCE**

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| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Approved by: Ronald Pirrallo, MD, MHSA |
| Page 1 of 1 |

DOCUMENTATION AND INSPECTION

POLICY: Administration of controlled substances will be uniformly documented to accurately reflect usage and waste. Controlled substances will be visually inspected for seal damage and volume discrepancies.



NOTES:

- MC EMS will perform routine visual checks as well as auditing each MED unit to assure documentation is complete and accurate.
- Records will also be reconciled with the FMLH pharmacy at the end of the year.

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| Initiated: 12/10/82 |
| Reviewed/revised: 2/16/11 |
| Revision: 15 |

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
ROUTINE OPERATIONS**

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| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Approved by: Ronald Pirrallo, MD, MHSA |
| Page 1 of 1 |

POLICY: Ambulances, kits, equipment will be routinely checked to ensure they are in good working order, completely stocked and clean. Complete patient care documentation includes all information necessary for continuing patient care, billing and electronic data collected by the monitor/defibrillator. All clocks used in the course of patient care (dispatch, monitor, personal wristwatch, EPC, etc.) shall be synchronized to the National Institute of Standards and Technology (NIST) time on a daily basis.

For every patient encounter:

- Complete the patient care record and distribute as directed for continuing patient care, billing, and data collection.

On a daily basis:

- Check and restock all kits and supplies at the beginning of the shift and after every run.
- Ensure that all equipment is in good working order at the beginning of the shift and after every run.
- Maintain the vehicle and equipment in a clean and orderly fashion.
- Return any defective item to the appropriate department for replacement or repair (refer to Equipment Exchange Policy.)
- Count and perform visual inspection of controlled substances; justify with control sheets. Any discrepancy is to be accounted for before the previous shift is relieved. Inability to account for a controlled substance or irregularity in appearance of a medication vial is to be reported immediately to Department Administration.
- Rotate the batteries in the monitor/defibrillator.
- Check Rosetta battery and replace as needed.
- Document that the monitor/defibrillator was checked for:
 - Paper quantity and feed
 - Operations of all controls
 - Operation of defibrillator
 - Non-invasive blood pressure monitor, where applicable
 - Date and time synchronization to NIST time.
- Perform a user test on the monitor/defibrillator and file the test results in the appropriate location.
- Check ETCO2 cable integrity
- Rotate portable radio batteries.
 - Place fully charged battery in the radio.
 - Charge the used battery until the cycle is complete; remove from charger and store.
- Forward EMS run reports to Fire Dept. Administrative offices, who will prep for weekly pick-up by Milwaukee County EMS.
- Upload all patient care information from monitor/defibrillator to the station computer; clear the data card.
- Ensure station computer for uploading ECG monitoring information has the correct date and is synchronized to the atomic clock

On a weekly basis:

- In addition to cleaning the patient area after each run, on the day specified by the fire department, wash the interior of the vehicle, stretcher, stair chair and backboards with phenolic or quaternary compound solution following label directions.
- Clean the exterior and interior vehicle compartments.
- Test the voice and telemetry radio equipment on the assigned day via mobile and portable telemetry radios. Test portable and mobile trunking radios.
- Rotate medications such that waste due to expiration does not occur.

On a biweekly basis:

- On the day determined by the fire department, inventory all supplies and check expiration dates. Prepare a list of needed items.
- Complete the supply order form and e-mail to the Milwaukee County EMS offices before Friday prior to delivery date.
- Receive, check, and store supplies. Rotate stock. Notify EMS Stores Clerk of any discrepancies.

On a monthly basis:

- On the day specified by the fire department, remove all contents of the kits. Check the expiration dates on all medications and fluids. Return expired medications to the Milwaukee County EMS Stores Clerk. Wash out the kits with phenolic or quaternary ammonium compound solution following directions. Dry completely before replacing contents.
- On the day specified by the fire department, remove all medications and fluids from vehicle stock, checking expiration dates. Return expired medications to the Milwaukee County EMS Stores Clerk. Expired controlled substances must be returned with corresponding paperwork immediately. Wipe out compartments with phenolic or quaternary ammonium compound solution following directions. Dry completely before replacing contents.
- As scheduled, discharge and recharge all monitor/defibrillator batteries as per manufacturer operational instructions listed in the manufacturer's manual. Any battery with levels of less than 70% displayed after 3 discharge-charge cycles should be brought to the EMS Supervisor for replacement. Note the battery results on the back of each battery.

Note: Signing your name and documenting your paramedic number indicate you attest to the accuracy of and the controlled substance count, have visually inspected the vials for tampering, and have completed the daily defibrillator test.

MED Unit _____

[illegible]

Note: Signing your name and documenting your paramedic number indicate you attest to the accuracy of and the controlled substance count, have visually inspected the vials for tampering, and have completed the daily defibrillator test.

MED Unit

[illegible]

CONTROLLED SUBSTANCE ADMINISTRATION RECORD

Drug: FENTANYL 100 mcg CARPUJECT

Date issued by pharmacy: _____

Qty: 5

Control #: _____

Expiration date: _____

MED Unit: _____

Received by (print name): _____

Signature: _____

Title: _____

Date delivered: _____

Sealed envelope #: _____

| VIAL | Date | Time | Patient Name | Report # | Paramedic #1 <i>Signature Required</i> | ID # | Paramedic #2 <i>Signature Required</i> | ID # | mcg given | mcg wasted |
|------|------|------|--------------|----------|---|------|---|------|--------------|---------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

Froedtert Memorial

Controlled Substance Administration Record

CONTROLLED SUBSTANCE ADMINISTRATION RECORD

Drug: MIDAZOLAM 5 MG VIAL

Date issued by pharmacy: _____

Qty: 5

Control #: _____

Expiration date: _____

MED Unit: _____

Received by (print name): _____

Signature: _____

Title: _____

Date delivered: _____

Sealed envelope #: _____

| VIAL | Date | Time | Patient Name | Report # | Paramedic #1 <i>Signature Required</i> | ID # | Paramedic #2 <i>Signature Required</i> | ID # | mg given | mg wasted |
|------|------|------|--------------|----------|---|------|---|------|-------------|--------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

Froedtert Memorial

Controlled Substance Administration Record

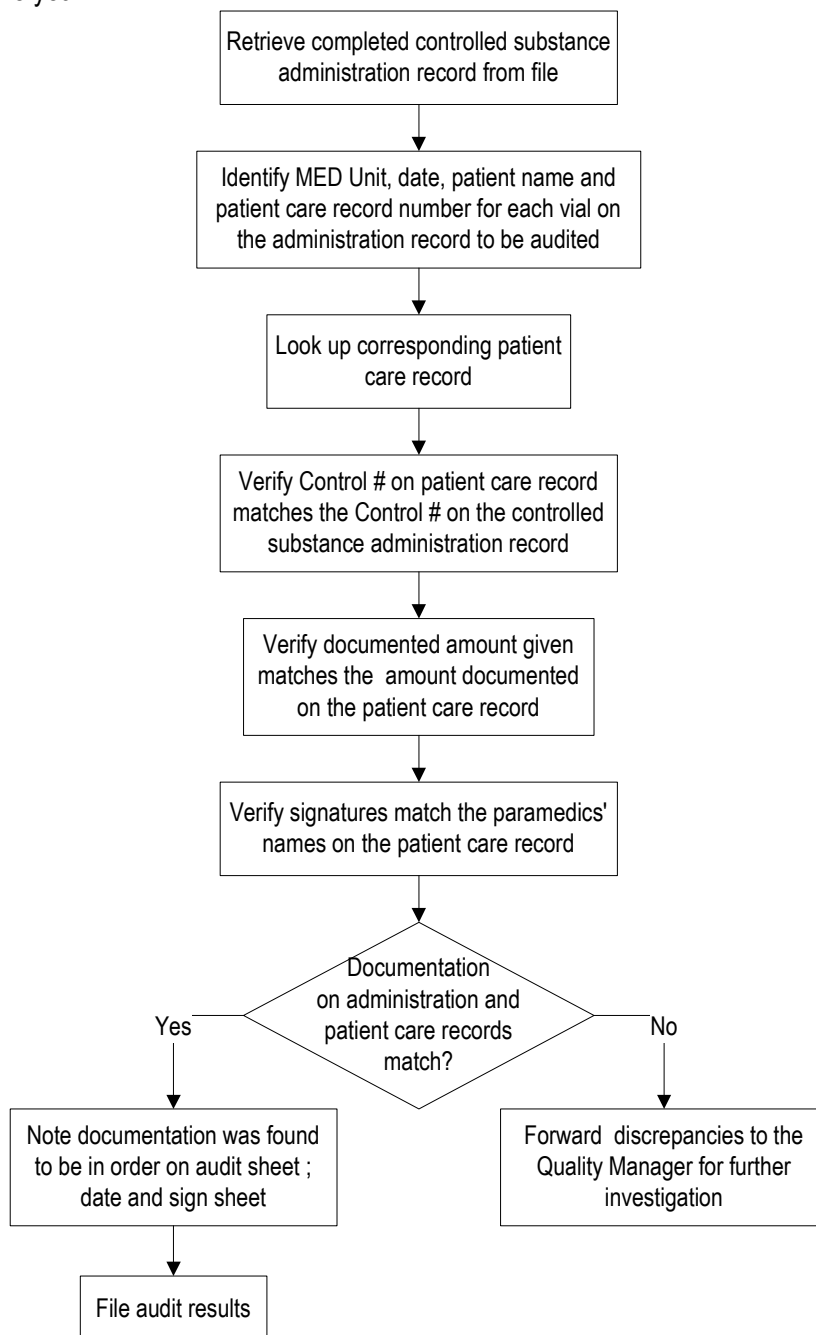
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| Initiated: 3/15/01 |
| Reviewed/revised: 11/3/10 |
| Revision: 2 |

**MILWAUKEE COUNTY EMS
QUALITY MANAGEMENT
CONTROLLED**

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|--|
| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Rosemarie Forster, MSOLQ, RHIA, EMT-P |
| Page 1 of 1 |

SUBSTANCE DOCUMENTATION AUDITING

POLICY: Each MED unit will be audited to assure documentation of controlled substance administration accurately reflects usage. Records will also be reconciled with the FMLH pharmacy at the end of the year.



NOTES:

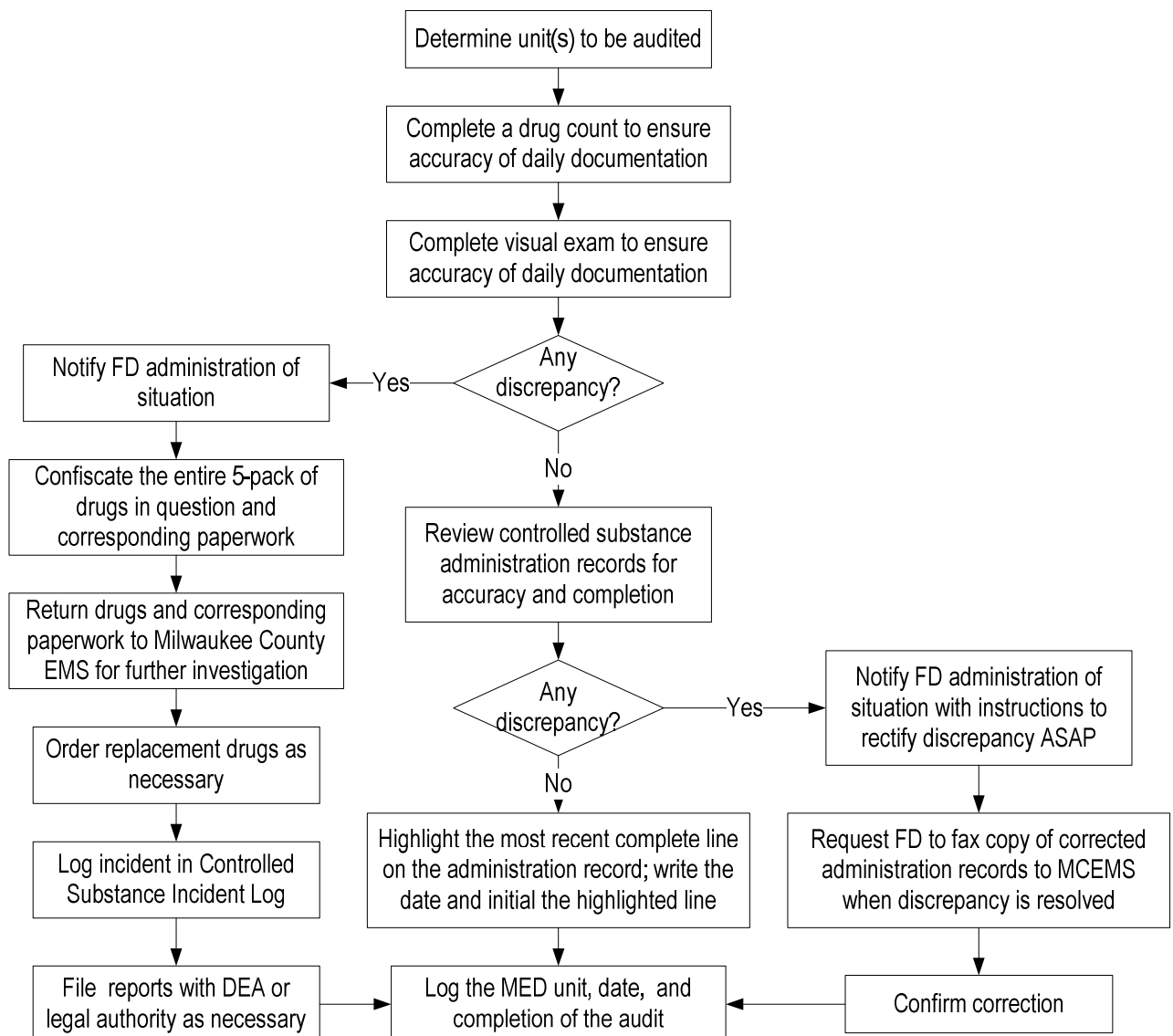
- Each MED unit will be audited at least twice per year for each controlled substance carried.

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| Initiated: 11/1/10 |
| Reviewed/revised: |
| Revision: |

**MILWAUKEE COUNTY
QUALITY MANAGEMENT
RANDOM IN-FIELD CONTROLLED
SUBSTANCE AUDITS**

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| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Reference: |
| Page of |

POLICY: Milwaukee County EMS will perform random field audits of controlled substances and documentation.



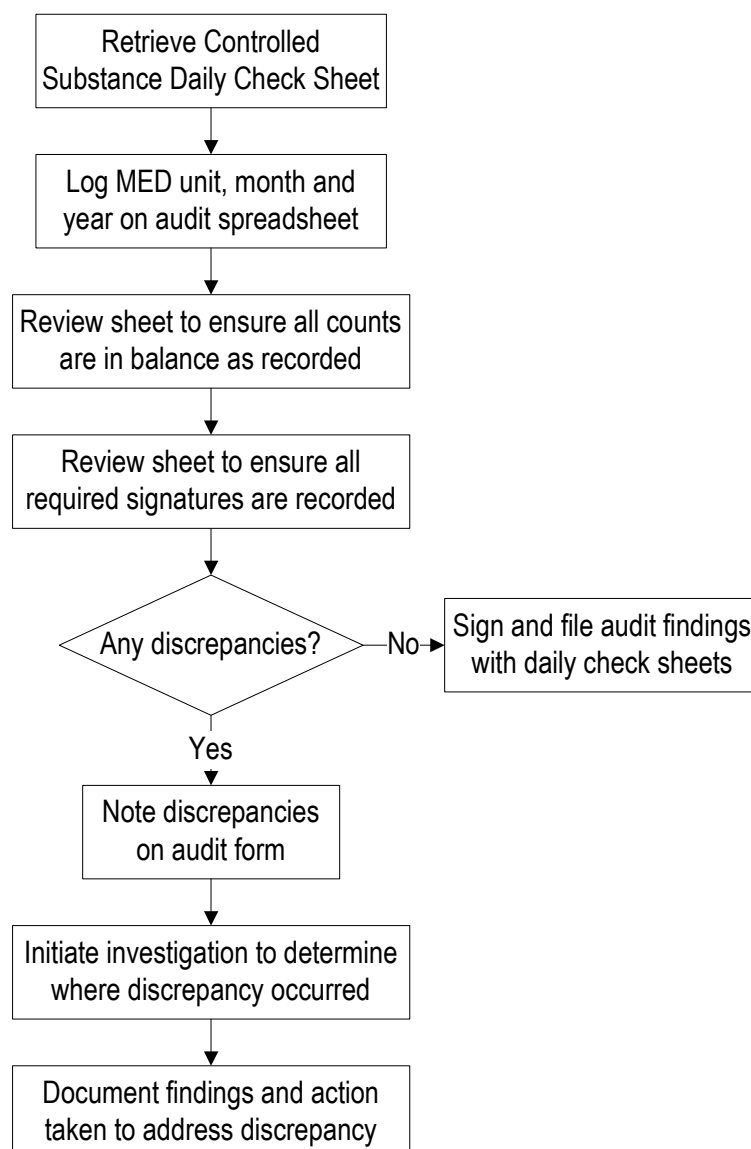
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| Initiated: 10/21/09 |
| Reviewed/revised: |
| Revision: |

**MILWAUKEE COUNTY
QUALITY MANAGEMENT
AUDITING CONTROLLED SUBSTANCE
DAILY CHECK SHEETS**

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|--|
| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Reference: |
| Page of |

POLICY: Fire departments will forward the completed Daily Controlled Substance Count and Defib Check Sheets to the Milwaukee County EMS Quality Section on a monthly basis.

The MC EMS Quality Section will audit the forms for accuracy and completion. The results of the audit will be filed with the sheets.

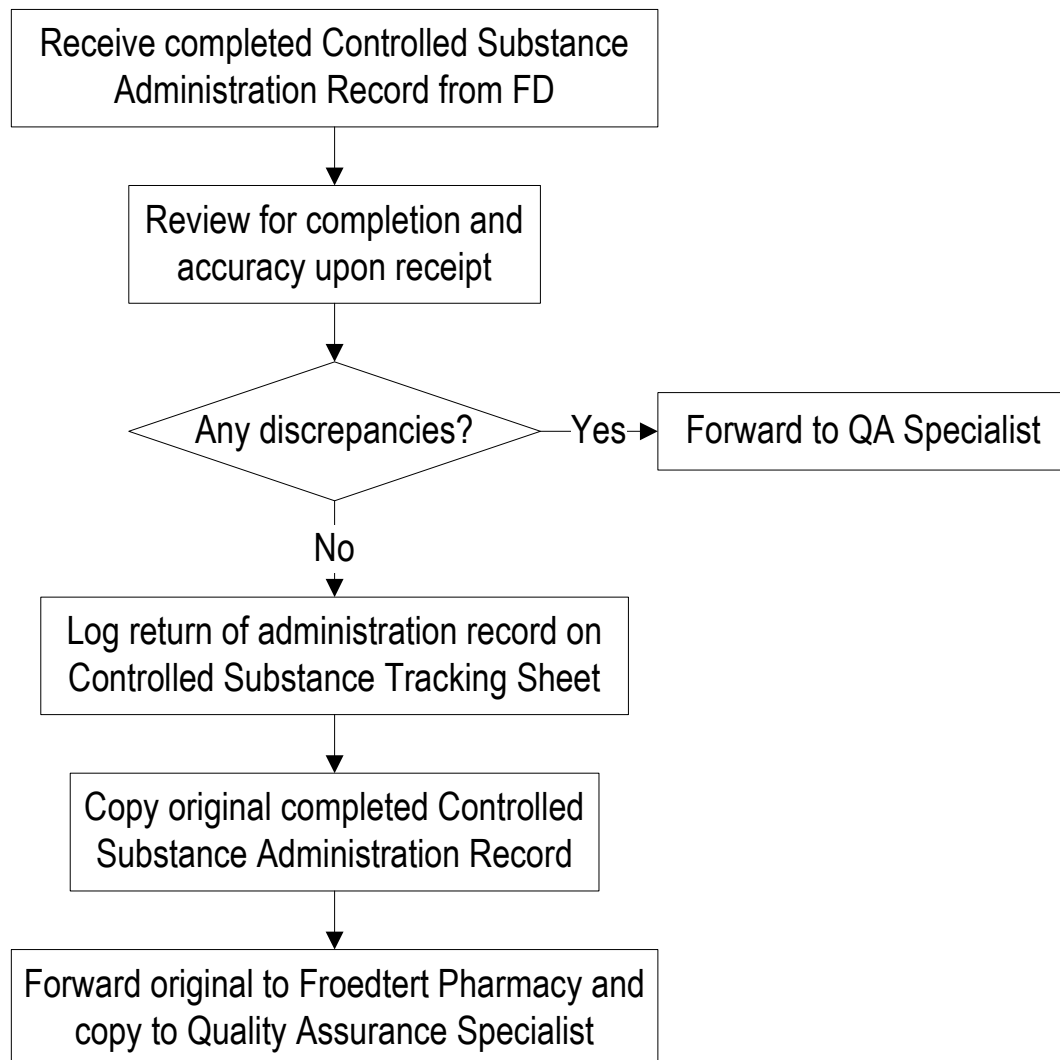


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| Initiated: 1/28/04 |
| Reviewed/revised: 11/17/10 |
| Revision: 1 |

**MILWAUKEE COUNTY EMS
OPERATIONS
CONTROLLED SUBSTANCE
DOCUMENTATION MONITORING**

| |
|---|
| Approved by: K. Sternig, MS-EHS, BSN, EMT-P |
| Page 1 of 2 |

POLICY: Controlled substances will be monitored on a continual basis to ensure documentation, accounting, and reporting are complete and accurate.



NOTES:

- Alert the FD EMS Liaison if a Controlled Substance Administration Records is not returned in a timely manner or if discrepancies in the documentation are found.

Milwaukee County EMS Controlled Substance Tracking

MED UNIT: _____

[illegible]

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|--------------------|
| Initiated: 11/2/10 |
| Reviewed/revised: |
| Revision: |

**MILWAUKEE COUNTY
QUALITY MANAGEMENT
CONTROLLED SUBSTANCE
AUDIT RETENTION POLICY**

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|--|
| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Reference: |
| Page of |

POLICY: Milwaukee County EMS Quality Management Section will conduct infield physical audits, as well as documentation audits as established by system policy.

Results of audits performed will be documented and retained for a minimum of five (5) years.

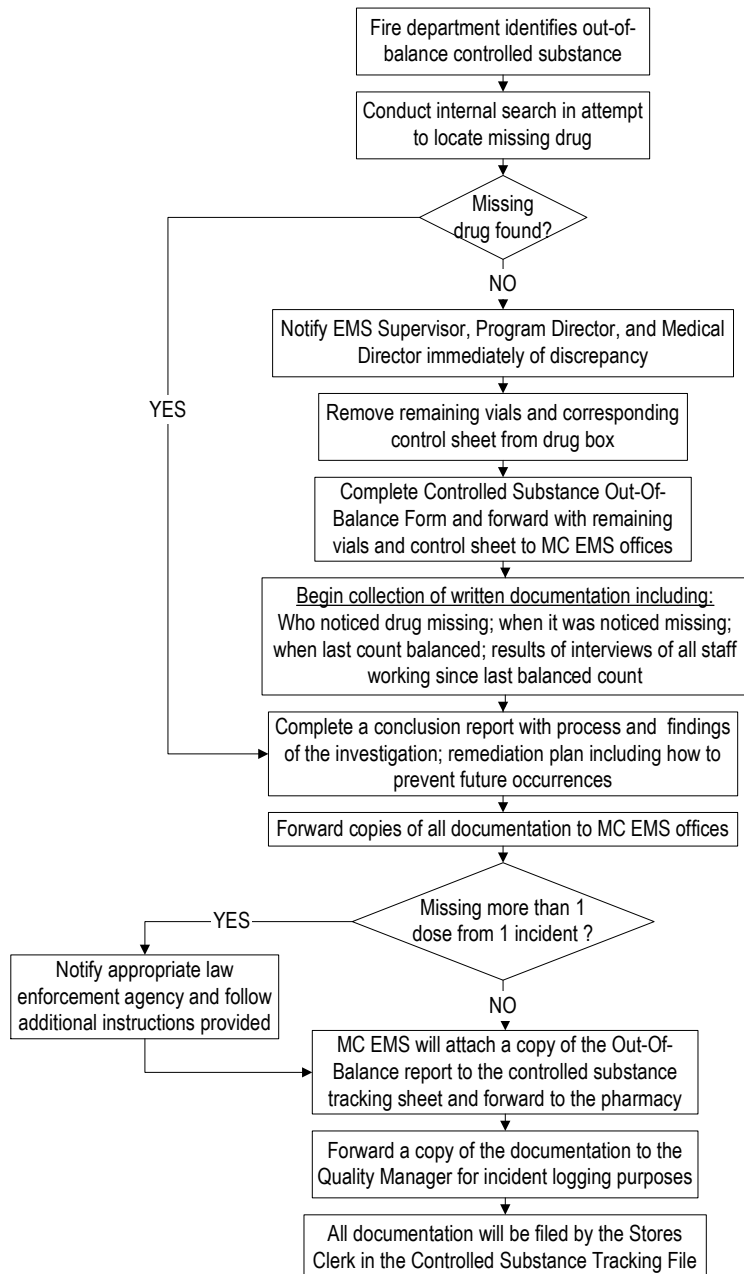
Audit results are confidential and are protected by Wisconsin statutes.

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| Initiated: 5/16/07 |
| Reviewed/Revised: |
| Revision: |

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
OUT-OF-BALANCE
CONTROLLED SUBSTANCES**

| |
|--|
| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Ronald Pirrallo, MD, MHSA |
| Page 1 of 1 |

POLICY: Milwaukee County EMS is responsible for maintaining accountability and will document any and all discrepancies in tracking controlled substances.



NOTE:

- The Medical Director or Program Director may request reporting to the appropriate law enforcement agency.

**MILWAUKEE COUNTY EMS
CONTROLLED SUBSTANCE OUT-OF BALANCE REPORT**

I. Out-of-balance controlled substance (check one)
☐ Fentanyl 100mcg/2mL ☐ Midazolam 5 mg/5mL Control # _____

II. Out-of-balance discovered by MED Unit _____ Date _____

Paramedic signature _____ Paramedic # _____

Paramedic signature _____ Paramedic # _____

III. Investigation:

A. Step 1: Confirm accuracy of controlled substance tracking sheet ☐

B. List patient names receiving this drug and compare accuracy to tracking sheet

1. _____ ☐

2. _____ ☐

3. _____ ☐

4. _____ ☐

5. _____ ☐

C. If out-of-balance still not corrected, list all paramedics working on this unit since the last correct drug count:

1. _____ Paramedic # _____

2. _____ Paramedic # _____

3. _____ Paramedic # _____

4. _____ Paramedic # _____

D. Submit this form immediately upon completion to MC EMS offices

IV. Follow-up (to be completed by Fire Department Administration)

FD Administration Signature _____ Date _____

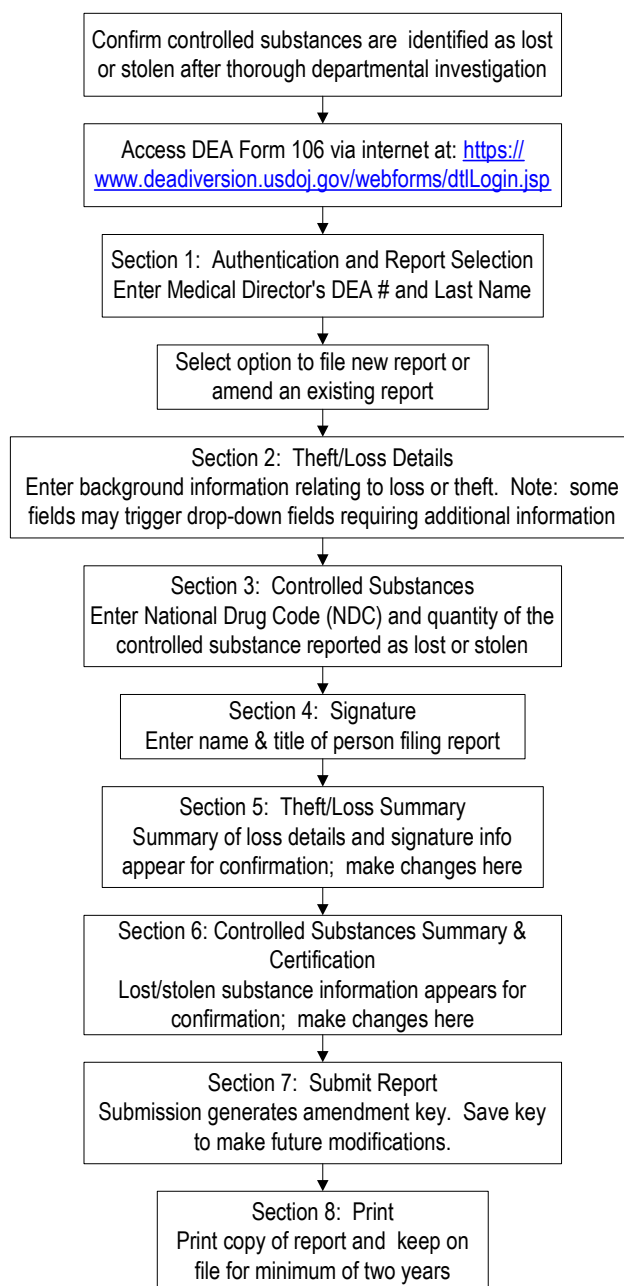
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| Initiated: 11/24/08 |
| Reviewed/revised: |
| Revision: |

**MILWAUKEE COUNTY
QUALITY MANAGEMENT
REPORT OF LOST OR STOLEN
CONTROLLED SUBSTANCES**

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| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Reference: |
| Page of |

Policy: A Drug Enforcement Administration (DEA) Form 106 will be completed in the event of confirmed lost or stolen controlled substances within the Milwaukee County EMS system.

A copy of the report will be printed and kept on file by the Quality Manager for a minimum of 2 years as required by the DEA.

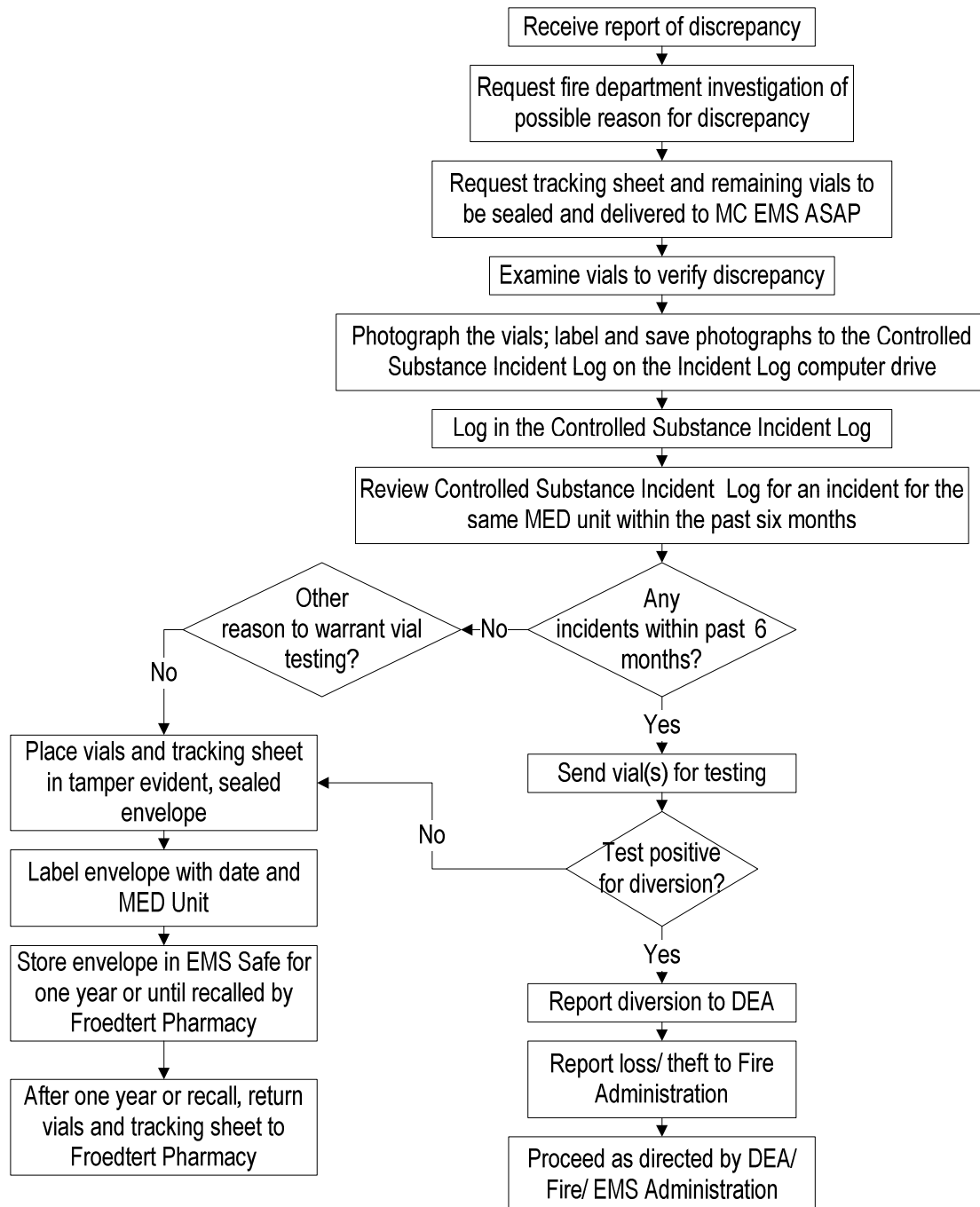


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| Initiated: 2/18/09 |
| Reviewed/revised: 11/30/10 |
| Revision: 1 |

**MILWAUKEE COUNTY
QUALITY MANAGEMENT
REPORT OF CONTROLLED
SUBSTANCE DISCREPANCY**

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| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Reference: |
| Page of |

Policy: MED units will check controlled substances daily for seal damage and volume discrepancies. Any discrepancy will be reported to Fire Department Administration, who in turn, will report the discrepancy to MC EMS.

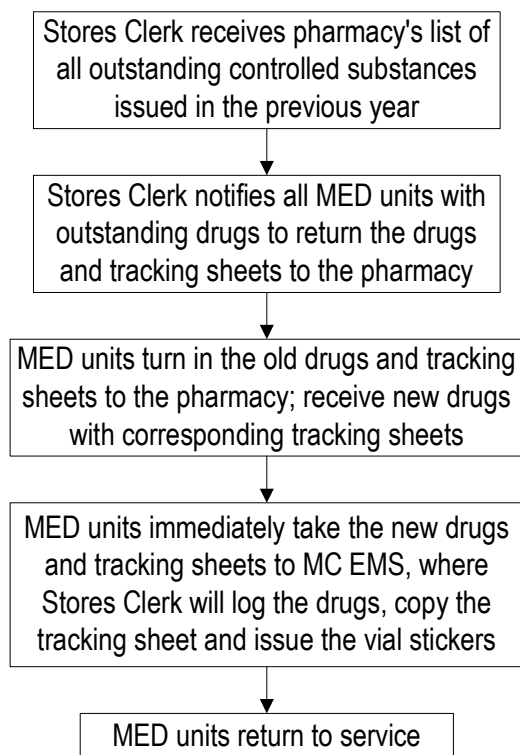


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| Initiated: 11/21/06 |
| Reviewed/Revised: |
| Revision: |

**MILWAUKEE COUNTY EMS
OPERATIONS
CONTROLLED SUBSTANCE
ANNUAL EXCHANGE**

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|--|
| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Michael Milbrath, BS, EMT-P |
| Page 1 of 1 |

POLICY: Controlled substances issued in the previous year are recalled in the second quarter of the following year to complete Froedtert Pharmacy's annual account of the controlled substances issued and used. The pharmacy will replace the drugs and tracking sheets.



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| Initiated: 11/2/10 |
| Reviewed/revised: |
| Revision: |

**MILWAUKEE COUNTY
QUALITY MANAGEMENT
MONITORING CONTROLLED**

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|--|
| Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P |
| Reference: |
| Page 1 of 1 |

SUBSTANCE EXPIRATION DATES

POLICY: Controlled substance expiration dates will be monitored to prevent unnecessary disposal of expired drugs.

